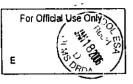
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U · 38/0	2. Fiscal Year Covered From:		
	01 / 01 / 2005 Through: [12 / 31 / 2005]		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name JOHN R KAHRHOFF	Name IBEW LOCAL ONE		
	Labor Organization File Number 035-303		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 5850 ELIZABETH AVE	Street 5850 EL1%ABETH AVE		
City ST LOUIS	City ST LOUIS		
State MISSOURI ZIP Code + 4 63110	State MISSOURI ZIP Code + 4 63110		
5. Position in labor organization. EXAMING BOARD			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or Indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (Including trade name, if any).	The return of microst, fransaction, of medica.		
Name N/A	NONE		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street N/A	7.b. Amount.		
Sueet N/A			
City N/A	NONE		
State N/A ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed 1. J. G.M. Ach	On // (0/09) 314-647-5900 Telephone Number		
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Name of Person Filling JOHN R. KAHRHOFF	File Number 0:		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street N/A City N/A State N/A ZiP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	NONE		
Street	11.b. Approximate dollar value of such dealing.		
City O. S.	12.a. Nature of interest held or income rece	***************************************	
State ZiP Code + 4	NONE		
•			
	12.b. Amount.	NONE	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name N/A	NONE		
Trade Name, If any:			
P.O. Box, Bldg., Room No., If any			
Street N/A			
City N/A			
State N/A ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	NONE	